

Case Number:	CM14-0132516		
Date Assigned:	08/27/2014	Date of Injury:	09/04/2001
Decision Date:	09/26/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female who reported an injury on 09/04/2001 which occurred when she moved a desk. The injured worker is diagnosed with cervical and lumbar radiculopathy. Her past treatment included heat as tolerated, bilateral transforaminal epidural steroid injection, chiropractic physical therapy, electrical stimulation devices, muscle stimulator, and medications. Diagnostic studies included computed tomography of the neck, shoulders, hips, wrists, and hands on 12/19/2001, as well as cervical and lumbar spine magnetic resonance images. No surgical history provided. On 07/17/2014, the injured worker complained of low back pain with radiation to the lower extremities, and that her pain had increased over the last several months. She also complained of neck pain, bilateral shoulder pain, bilateral wrist and hand pain, and headaches associated with neck pain. The physical examination revealed an abnormal gait, and decreased motor strength in the right shoulder, left hip, and right lower extremity. There was also moderate paralumbar muscle spasm, the straight leg raise was positive bilaterally, the Lasegue's test was mildly positive on the right, and there was slight tenderness and spasm of the paracervical muscles with Spurling's sign positive on the right. The injured worker's medications included Elavil, Vicodin, and Vioxx. The treatment plan was to continue Soma 350mg for muscle spasms and Menthoderm cream for pain relief three times a day. The request for authorization was signed and dated on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page 29; Muscle relaxants, page 65 Page(s): 29; 65.

Decision rationale: The request for Soma 350mg is not medically necessary. The California MTUS Chronic Pain Guidelines do not recommend the long-term use of this medication, for longer than 2-3 weeks, as it may lead to accumulation of meperobamate and increase the sedative and relaxant effect. The injured worker has a long history of chronic pain to her neck and back. The injured worker has had chronic pain for a prolonged period of time, and she was noted to have been using Soma for spasm since at least 06/04/2014. However, there was insufficient documentation showing that use of Soma 350mg has provided benefit and it is not recommended for use longer than 2-3 weeks. Therefore, continued use is not supported. Additionally, the request, as submitted, did not specify a quantity or frequency of use. The request for Soma 350mg is not medically necessary.

Menthoderm cream 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, and Topical analgesics Page(s): 105; 111-113.

Decision rationale: The request for menthoderm cream 4 oz is not medically necessary. The California MTUS Guidelines state that topical salicylate has been shown to be significantly better than placebo in chronic pain. The guidelines also state that any compounded topical product that contains at least one drug that is not recommended is not recommended and the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Menthoderm contains methyl salicylate and menthol. While use of methyl salicylate is supported by the guidelines for chronic pain, the need for the addition of menthol is not clear. The documentation submitted for review failed to indicate what the specific analgesic effect and benefit of menthol would be. Additionally, there was no documentation showing that the injured worker had failed treatment with topical salicylates alone. Moreover, the request for menthoderm cream does not include the strength or frequency. As such, the request for menthoderm cream four ounces is not medically necessary.